Effect of prospective fee-for-service payment method of health facilities on direct health expenditures in a low-resource setting: a paired pre-post study

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Almost all sub-Saharan countries have adopted cost reduction policies to facilitate access to health care. However, several studies underline reimbursement delays experienced by health facilities, leading to deficient implementation of these policies. In April 2016, for its free care policy, Burkina Faso shifted from fee-for-service (FFS) made retrospectively to FFS made prospectively. This study tested the hypothesis that this new method of payment would be associated with an increase in the direct health expenditures of deliveries. This paired pre-post study uses data from two cross-sectional national surveys conducted in June-August 2014 and September-October 2016 in 546 and 299 public health facilities, respectively. Observations were paired according to the health facility and the type of delivery. Direct health expenditures included fees for the procedure or consultation, prescription, paraclinical exams and hospitalization fees. The Wilcoxon signed-rank test was used to test the hypothesis that the 2016 distribution of the direct health expenditures is greater than the 2014 one.

A total of 279 pairs of normal deliveries, 66 dystocia and 48 caesareans were analysed. The median direct health expenditures were USD 4.97 [interquartile range (IQR): 4.30-6.02], 22.10 [IQR: 15.59-29.32] and 103.58 [IQR: 85.13-113.88] in 2014 vs USD 5.55 [IQR:4.55-6.88], 23.90 [IQR:17.55-48.81] and 141.54 [IQR:104.10-172.02] in 2016, respectively, for a normal delivery, dystocia and caesarean. Except for dystocia (p=0.128) and medical centre (p=0.240), the 2016 direct health expenditures were superior to the 2014 costs regardless of the type of delivery and level of care. The 2016 expenditures were superior to the 2014 expenditures as well, regardless of the components considered. Prospective payment for health facilities may contribute to the success of cost reduction policies in sub-Saharan Africa. However, unexpected perverse effects may impact the costs of services, hence, the need to concomitantly implement a cost control policy.